

10/25/2012 Provider Network Advisory Group (Advisory Group) Meeting Minutes

***Denotes an action item**

All handouts referenced in these minutes are in the 10/25/2012 meeting handouts or slides located at www.ProviderNetwork.Lni.wa.gov.

Participants: See Appendix.

Safety Message:

Less than 11% of all Washington citizens participated in the Great Shake Out on 10/18 to practice how to survive earthquakes. During an earthquake, be sure to drop, cover, and hold indoors. Outside poses the greatest risk from falling objects. If you're in a car, stay put with your seatbelt on. Hold tightly to the steering wheel.

Minutes:

The 7/19/2012 meeting minutes were approved as written.

Occupational Health Management System (OHMS):

See handout with this title.

The first OHMS release will be for Health Services Coordinators. Diana Drylie will demonstrate a model of the system after a vendor contract has been signed.

Comments from the Advisory Group:

- The Advisory Group supports developing this new system.
- Comments included:
 - Measures of performance being made public
 - What will be the interface with self insured employers for case management information?
 - Measures being “yes/no” on whether the action happened without assessing the quality of the action
 - Need to recognize good work on a case specific basis that may not necessarily fit within the standards
 - Correlate measures with the length of time from injury to return to work (RTW), days off of work, number of surgeries, and number of diagnoses

Top Tier:

See handout titled “Provider Network-Top Tier Update.”

Diana Drylie discussed the need to consider delaying implementation of Top Tier to allow full implementation of the MPN, recognize the changes doctors are already making, and avoid confusing messages due to multiple L&I program changes. The members recommended that L&I develop a reasonable plan for implementing Top Tier and bring that plan back to the Advisory Group for approval.. This would allow careful review of resource needs, timeframes, etc.

***The Advisory Group voted to support delaying implementation of Top Tier, and that L&I staff should develop a plan for Advisory Group review.**

Utilization Review coordination between State Fund and Self Insured

See handout with this title.

Leah Hole-Curry presented an overview of the collaboration to date between State Fund and Self Insured on utilization review, centering on a joint procurement and request for information.

Comments from the Advisory Group:

- Will Qualis' database communicate directly with OHMS? This would increase administrative efficiency.
- Make sure Qualis can read the Claim and Account Center to minimize information requests to providers.
 - When asking whether a surgery met a guideline, consider the whole picture.
- Some Self Insured Employers don't purchase the full Qualis package that includes peer to peer review. Discourage this and offer only a standard package, to ensure a consistent approach and high quality decisions.
- What will be the Advisory Group's role in planning Utilization Review (UR) for Self Insured Employers?
- Do a feedback session at a future Advisory Group meeting with input from the WSIA and discuss UR issues and possible improvements from providers' perspectives.
- Is there an opportunity for Qualis to be involved in reviewing medication prescriptions, specifically opioids?

Medical Provider Network update

See handouts titled:

- MPN Update
- October 1 Letter to Workers
- Attachment for October Mailing
- MPN Access to Care Approved Providers with map and table
- MPN Access to Care Primary Care Providers without CAQH in Credentialing Process with map and table
- Primary Care Analysis Methodology Summary

Janet Peterson presented an update on the status of the medical provider network implementation, as well as a brief demonstration of the new online provider directory (www.FindADoc.Lni.wa.gov).

Credentialing:

- Comments from the Advisory Group:
 - Doctors who rarely see injured workers have indicated that they do not want to be subject to L&I rules or forced to take injured workers onto their caseloads. Some doctors who were delegated into the network may request to be deleted from the list.
 - Potentially, doctors who do not often treat injured workers may violate L&I rules and be dropped from the network. This is dangerous to a doctor's reputation, as sanctions are reportable to national databases.

Transition of Care:

L&I has added new care transition coordinator positions in COHEs and regional L&I offices, as well as additional customer service positions to assist injured workers who need help finding a network provider. Care transition coordinators or department Occupational Nurse Consultants can authorize additional reimbursement when requesting extra services from providers who take on complex cases.

Clarifications from L&I:

- Additional functionality for the online provider directory will be considered in the next phase of development
- Group agreements do not require L&I to accept every member of a group. Conversely, doctors in groups are not required to treat injured workers.

Planning – upcoming work plan:

Coordination with other health care advisory committees:

Leah Hole-Curry discussed the outcome of recent conversations with the Workers' Compensation Advisory Committee and its Health Care Subcommittee around responsibility, interaction, and possible duplication of effort with the Provider Network Advisory Group. The WCAC has voted to wind down its health care subcommittee and would like to see provider quality efforts are centered in the PNAG, subject to a plan put together by L&I staff that is likely to extend over the next year to 18 months. L&I staff are putting that plan together now and want feedback from PNAG.

***Provider Network Advisory Group members support the considering a way to combine the two groups and would like to review a proposed plan that considers possible structure options that include members from business, labor, and providers.**

Further Development of the Medical Provider Network

L&I wants to stabilize initial implementation of the network before considering adding other provider types. When other provider types are considered for inclusion in the MPN, factors to review include, but are not limited to:

- Percentage of L&I's business,
- Annual L&I payments
- Whether current practice standards and oversight exist. (For example, Pain Clinics already have standards they follow.)

Appropriate roles of the Advisory Group include:

- Measuring and monitoring the MPN: Reviewing status reports requested by the Advisory Group.
- Determining how to use those measures.
- Referring to IIMAC and IICAC clinical topics that need review or revision, like analysis on risk of harm.

L&I will develop proposals for discussion at a future meeting.

Independent Medical Examiner Rule:

Leah Hole-Curry shared the draft language and schedule for public hearings. An interested parties' letter will be mailed soon.

Prioritization of Upcoming Topics:

The following list reflects the results of members' voting on topics' priority using colored dots. The topics that received highest priority are listed first:

1. Measurement and monitoring of the network
2. Self-Insured participation and use of Self-Insured data in provider quality programs
3. COHE expansion statewide
4. Top Tier incentives
5. OHMS implementation
6. Feedback reporting to providers on best practices
7. New best practice pilots
8. Rules / policies on Top Tier
9. Barriers to provider/employer contact
10. Role of complex claims in Top Tier eligibility
11. Top Tier application / enrollment process
12. Tied:
 - a. Utilization Review
 - b. "Risk of Harm" focus areas and reports
13. Role of quality improvement participation in Top Tier eligibility

Appendix: Participants

- On the phone: Susan Scanlan, DPM, Podiatry Association
- In person:

Members	L&I	Public
Dianna Chamblin, MD, Chair	Diana Drylie	William Alkire, Alkire & Associates
Clay Bartness, DC	Leah Hole-Curry, JD	Denny Maher, WSMA
Mike Dowling, DC, alternate	Vickie Kennedy	Clyde Wilson, U.S. Healthworks
Rebecca Forrester	Joanne McDaniel	
Andrew Friedman, MD	Hal Stockbridge, MD, MPH	
Kirk Harmon, MD, alternate		
Rebecca Johnson		
Janet Ploss, MD		
Teri Rideout, JD		
Robert Waring, MD		
Ron Wilcox, DC		